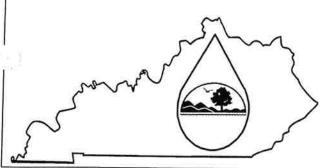
US ERA ARCHIVE DOCUMENT



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

## PERMIT APPLICATION

This is an application to: (check one)	A complete application consists of this form and one of the			
Apply for a new permit.	following:			
Apply for reissuance of expiring permit.	Form A, Form B, Form C, Form F, or Form SC			
Apply for a construction permit.  Modify an existing permit.	F 199			
Give reason for modification under Item II.A.	For additional information contact:			
Give reason for modification under item II.A.	Surface Water Permits Branch (502) 564-3410			
I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE 0 1 0 6 9 9 5			
A. Name of Business, Municipality, Company, Etc. Requesting Pern FCDC Coal, The.  B. Facility Name and Location	nit			
	C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.			
Facility Location Name:	Facility Contact Name and Title: Mr. X Ms.			
Spurlock Creek Preparation Plant Facility Location Address (i.e. street, road, etc., not P.O. Box):	William Potter Vice President			
Ky Route 2030	Mailing Address: P. O. Box 77			
Facility Location City, State, Zip Code:	Mailing City, State, Zip Code:			
Prestonsburg, Ky 41653				
Owner's name (if not the same as in part A and C):	Tvel, Ky 41647 Facility Contact Telephone Number:			
	(606) 285-3307			
Owner's Mailing Address:	Owner's Telephone Number (if different):			
II. FACILITY DESCRIPTION				
A. Provide a brief description of activities, products, etc:				
Coal processing, coal storage, and coal shipping				
, ,				
B. Standard Industrial Classification (SIC) Code and Description				
Principal SIC Code & 1241				
Description: 1241				
Other SIC Codes:				
III. FACILITY LOCATION				
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for t	he site. (See instructions)			
B. County where facility is located: Floyd	City where facility is located (if applicable): N/A			
C. Body of water receiving discharge:	La of Beaver Creek			
	Facility Site Longitude (degrees, minutes, seconds):			
37° 31' 25"	82°43′ 30″			
E. Method used to obtain latitude & longitude (see instructions):				
USGS Map				

IV. OWNER/OPERATOR INFORMAT	ION			
A. Type of Ownership:  Publicly Owned Privately Own	ed State Owned	Both Public and Priv	vate Owned  Federally owned	
B. Operator Contact Information (See instr	ructions)	Training Number		
Name of Treatment Plant Operator, BD Acquistion, CLC		Telephone Number; (60%) 285-3307		
Operator Mailing Address (Street):  R. O. B. o. X. 77				
Is the operator also the owner?  Yes No No		Is the operator certified? If yes, list certification class and number below.  Yes No X		
Certification Class:		Certification Number:		
V. EXISTING ENVIRONMENTAL PER				
Current NPDES Number:	Issue Date of Current Permit:		Expiration Date of Current Permit:	
KY0106445	11/1/20		11/31/2012	
Other DOW Operational Permit#:  AIT 8571  Other Points Frankler with drawal	Kentucky DMR Permit Number(s):		Sludge Disposal Permit Number:	
Other Existing Environmental Permit #:  ID 2107100170  Air Quality Termit	Other Existing Environmental Permit #:		Other Existing Environmental Permit #:	
Which of the following additional environment	ental permit/registratio	n categories will also a	pply to this facility?	
CATEGORY	EXISTING PERMIT WITH NO.		PERMIT NEEDED WIT PLANNED APPLICATION	
Air Emission Source	ID 2107100170		NIA	
Solid or Special Waste			•	
Hazardous Waste - Registration or Permit				
VI. DISCHARGE MONITORING REPO	RTS (DMRs)			
KPDES permit holders are required to sub- permit). Information in this section serves to mailing address (if different from the primary	specifically identify t	he name and telephone	egular schedule (as defined by the number of the DMR official and	e KPDES the DMR
A. DMR Official (i.e., the department, of designated as responsible for submitting Division of Water):	office or individual DMR forms to the	w: Uran	~ Potter	
DMR Official Telephone Number:		William Potter (604) 285 - 3307		
<ul> <li>B. DMR Mailing Address:</li> <li>Address the Division of Water will u</li> <li>Contact address if another individual</li> </ul>	use to mail DMR forms I, company, laboratory,	(if different from ma	iling address in Section I.C), or for you; e.g., contract laboratory a	address.
DMR Mailing Name:	P.O. Box 77			
DMR Mailing Address:				
MR Mailing City, State, Zip Code:	Ivel	Ky 416	42	
		0		

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the propriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category:

Major Industry

Filing Fee Enclosed:

# 1,400.

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. M. Ms. William Potter, Vice President EMAIL: bpottere bdmining.com

SIGNATURE

William Pott

Of 16/10

Return completed application form and attachments to: Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.